Arizona Board of Occupational Therapy Examiners 5060 N. 19th Ave., Suite 209

5060 N. 19th Ave., Suite 209 Phoenix, AZ 85015 (602) 589-8352

Website: http://www.mindspring.com/~abote/ Email: azot@mindspring.com

RENEWAL APPLICATION FOR AN OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT LICENSE

1.	Last Name	First Name		Midd	dle Name	Othe	er Names Used	
	Name, as it is to appear on license certification	L				License N	Number	
	Home phone number		Birthdat	е	Social	 Security Nur	nber	
	Mailing Address	Keep Confidential		City		State	Zip Code	
	Name of Employer				Employment p	hone numbe	r	
2.	Name of Employer				Employment	mone nambe	1	
	Employment Address			City		State	Zip Code	
3.	In accordance with the Arizona Revised Strenewal of my occupational therapy licent Check one Occupational Therapy Occupational Therapy OT Inactive Status (In OTA Inactive Status)	oist (OT) by Assistant (OT) License must be	A) current to	o apply)	203, Thereb	Ren (Non-I \$ \$	ewal Fees Refundable) 200.00 100.00 5 25.00 5 15.00	
4.	Disciplinary Actions. A. Have you ever had a license/certicular disciplinary action taken against to the second s		revoked,	suspended	d or other	Ý	Check ES NO	
	B. Have you ever been convicted of	-						
	If you have answered yes to any of the a necessary).	bove questions,	please pr	ovide com	plete details	(attach ad	dditional pages if	
5.	Continuing Education. An Occupational of continuing education respectively whe as required in Rule 4-43-204(F).							

B. Completion of an undergraduate or graduate course at a college or university, see Hours Course Title Proof of a grade of "C" or better and a personal statement describing how the course extenskill and knowledge is required. C. Publication of a book, see Rule R4-43-203(D)(5)(a)	
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skill and knowledge is required.	ds the licensee's professional
Publication of a book, see Rule R4-43-203(D)(5)(a)	
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Hours Title of book	
	Maximum of 10 hour
D. Publication of a chapter of a book, see Rule R4-43-203(D)(5)(c)	
Hours Title of the chapter of the book	
<u> </u>	Maximum of 5 hours
	Maximum of 6 floure
E. Publication of an article, see Rule R4-43-203(D)(5)(b)	
Hours Title of the article	i
	Maximum of 4 hours
F. Publication of a film or video tape, see Rule R4-43-203(D)(5)(d & e)	
Hours Title of the film or video tape	
	Maximum of 6 hours
G. Presentation of a course or program, see Rule R4-43-203(D)(6)	•
Hours Name of the course or program presented	
	Maximum of 4 hours
I	Maximum of Thouse
H. In-Service , see Rule R4-43-203(D)(7)	
Hours Name of the in-service Attach a statement as required in Rule R4-43-203(D	(7)(b)
	Maximum of 4 hours
I. TOTAL OF ALL TRAINING HOURS	
hereby certify that the above is true to the best of my knowledge and I apply for the renew icense in the State of Arizona.	al of my Occupational Therap
Applicant's Signature	Date